

# FULL GUIDE TO THE BUS FOR RAES



**COLORADO**

Department of Health Care  
Policy & Financing

JUNE 2018

# BUS GUIDE FOR RAES

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## **TIP**

Hold the Control Button (Ctrl) and click on a page, to jump directly to the page in this guide.

# BUS GUIDE FOR RAES

## Introduction

This BUS Guide for RAEs is designed to help Care Coordinators at Regional Accountable Entities (RAEs) to navigate through the Benefits Utilization System (BUS). As a RAE user of the BUS you will be able to view information about clients in the BUS and assign yourself as the RAE Care Coordinator for your clients.

This guide does not cover every possible scenario. If you cannot find the client information you are looking for, please contact your Supervisor or Security Administrator. If you experience any problems with the BUS, please email [BUS@state.co.us](mailto:BUS@state.co.us).



# BUS GUIDE FOR RAES

## The BUS Stop

- We have created a HCPF website (BUS Stop) to help BUS users keep up with BUS updates and information. Here you will also find BUS related contacts, announcements and known issues.
- The BUS Stop can be accessed from the HCPF website. Select For Our Providers tab and What's new? (bulletins, newsletters, updates).



# BUS GUIDE FOR RAES

The screenshot shows the website for the Colorado Department of Health Care Policy & Financing. At the top left are the logos for 'CO' and 'HCPF'. The main header reads 'COLORADO Department of Health Care Policy & Financing'. A navigation bar includes links for 'Home', 'For Our Members', 'For Our Providers', 'For Our Stakeholders', and 'About Us'. The 'For Our Providers' section is active, featuring four main categories: 'Why should you become a provider?' (with a cross-in-hands icon), 'Provider enrollment & revalidation' (with a cross-in-document icon), 'Provider services (forms, rates & billing manuals)' (with a dollar sign and list icon), and 'What's new? (bulletins, newsletters, updates)' (with a radio tower icon). Below these are three tiles: 'CBMS Colorado Benefits Mgmt. System', 'DDDWeb', and 'Web Portal'. A fourth tile, 'Resources Quick Guides, FAQs, Co-pay Info, EDI, Training and More!', is highlighted with an orange border. An orange callout box with an arrow points to this 'Resources' tile, containing the text: 'For access to the BUS Stop, select Resources.'

# BUS GUIDE FOR RAES

Click a button below to visit other Colorado interChange web pages

Known Issues Web Page  
Take me there!

Provider Enrollment & Revalidation  
Find help!

Quick Guides & Portal Help  
Click to Access

Regional Provider Support Representatives  
Learn more!

Contact Information  
Click to Access

Frequently Asked Questions  
Get Answers!

Provider Training  
Click to Access

Provider Co-pay Info

EDI Support

Select Case Managers

Provider News

Pharmacy

Case Managers

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Home | For Our Members | For Our Providers | For Our Stakeholders | About Us

For Our Providers > Provider News > Benefits Utilization System (BUS) Updates

## Benefits Utilization System (BUS) Updates



Welcome to the BUS Stop

You might notice this web page looks a little different! We recently redesigned the BUS Stop to make it more user-friendly and easier to navigate. If you are looking for information on the BUS, refer to the green buttons. If you need information on the Bridge, refer to the purple buttons.

Here all BUS and Bridge users can stay up-to-date on current BUS and Bridge updates and information. There are related contacts, announcements and known issues for all of your BUS and Bridge needs.

**BUS Contact:** Terry Burnham at [Terry.Burnham@state.co.us](mailto:Terry.Burnham@state.co.us) or 303-866-6240  
**Bridge Contact:** DXC Help Desk at [ccmhelpdesk@dx.com](mailto:ccmhelpdesk@dx.com)

**BUS Access** **BUS Issues** **Bridge Access** **Bridge Issues**  
**BUS Memos** **BUS Resources** **BUS Archives** **Bridge Updates**  
**BUS Training** **BUS Reports** **CIRs**

**BUS Announcements**  **Bridge Announcements** 

# BUS GUIDE FOR RAES

## Accessing the BUS

- Your BUS user name and passwords are issued by HCPF Security. Please contact your Agency Administrator if you need access to the BUS.
- You can access the BUS directly at <https://ltc.hcpf.state.co.us/bus/loginpage.cfm>.
- There are different environments to select from for BUS Access
  - BUS Access is the production environment. This is where the day-to-day operations will be performed
  - BUS Training Access is to be used for training purposes. Information saved in this environment will only be visible to the user who saved it, and it is NOT able to be copied into the production environment.

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*Benefits Utilization System*

Welcome to the Benefits Utilization System (BUS)

To access the BUS please select BUS Access below

[BUS Access](#)

[BUS Training Access](#)

Click the appropriate link

# BUS GUIDE FOR RAES

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Enter your **BUS** username and **temporary** password, as issued by HCPF Security. Complete the CAPTCHA. The User Agreement Box must be checked.

To login to the system please enter your username, password and text below.

User Name:

Password:

Please type what you see:

e W ' F W j

User Agreement:

USER AGREEMENT / SECURITY REMINDER:

By logging into the Long Term Care Benefits Utilization System you are bound by all of the terms and conditions of the Department of Health Care Policy and Financing's System User Agreement.

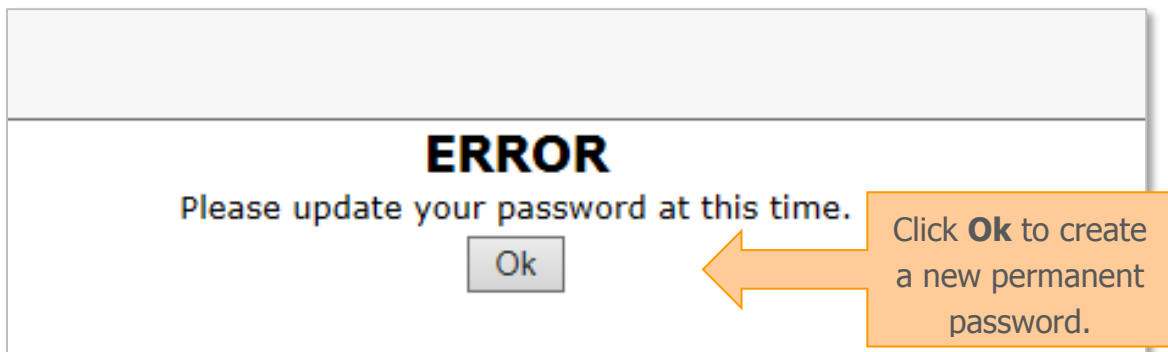
Login!

Click **Login**

# BUS GUIDE FOR RAES

## Resetting Your BUS Password

- Access to the BUS is granted by HCPF Security. Your Agency Security Administrator is responsible for submitting your application for access to the BUS and you will receive your BUS user name and temporary passwords by secure email from HCPF Security.
- When you log on to the BUS for the first time you are required to replace your temporary password for a permanent password.



	User ID	Last Name	Middle Initial	First Name	Access	Enabled	Locked	A
Edit	trae1	Tester	T	Tiny	RAE User	<input checked="" type="checkbox"/>	<input type="checkbox"/>	R

Click **Edit** next your User ID.

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User Accounts

**User Edit**

<b>Main Menu</b>	
<b>Administration</b>	<b>RAE's Region Id</b> 1
<b>User Accounts</b>	<b>User ID</b> trae1
<b>RAE Help Guide</b>	<b>Last Name</b> Tester
<b>Logout</b>	<b>Middle Initial</b> T
	<b>First Name</b> Tiny
	<b>Password</b> <input type="password" value="....."/>
	<b>Re-Enter Password</b> <input type="password" value="....."/> Only use
	<b>Email Address</b> bus@state.co.us
	<b>Phone Number</b> (ex. 123-123-1234) Ext.
	<b>Fax Number</b> (ex. 123-123-1234)
	<b>Last Accessed System</b> - 05/02/2018 09:41:04

**First, create a new Password and fill in BOTH password fields with your new Permanent password.**

When you are finished, click **Save**.

- If you ever lock yourself out of the BUS, a temporary password will be created for you by your Security Administrator, or by a BUS Administrator. Follow the steps above to log into the BUS to update your password.



# BUS GUIDE FOR RAES

## Assigning Yourself as the RAE Care Coordinator

- If you are the RAE Care Coordinator for a client, you may assign that client to yourself.
- You will only be able to set yourself as the RAE Care Coordinator for clients in your RAE.
- Begin by searching for your client by State ID, Last Name, or Date of Birth. In this example we will search by last name for clients with the last name "Pudding."

The screenshot shows the 'Client Search' page of the Benefits Utilization System. The header includes 'The Department of Health Care Policy and Financing' and a banner image of diverse people. A left sidebar contains navigation links: 'Main Menu', 'Search', 'Administration', 'RAE Help Guide', and 'Logout'. The main content area is titled 'Client Search' and contains search criteria instructions: 'Please enter at least one field in Section 1 and at least one field in Section 2. Section 3 is optional.' Section 1 includes 'State ID' and 'Last Name' (with 'pudding' entered). Section 2 includes 'Date of Birth' (with a placeholder '(MM/DD/YYYY)') and a 'Limit To Agency' checkbox. Section 3 contains a 'RAE BUS USER SEARCH AGREEMENT' with a 'User Agreement' checkbox checked. 'Search' and 'Reset' buttons are at the bottom. Two callout boxes are present: one pointing to the 'Limit To Agency' checkbox with the text 'Unclick the **Limit to Agency** box if you want to see all clients with the last name of "Pudding," including those outside your RAE.' and another pointing to the 'User Agreement' checkbox with the text 'Always remember to read the **User Agreement** and check the box before clicking **Search**.'

Always remember to read the **User Agreement** and check the box before clicking **Search**.

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Client Search

Main Menu	Last Name	First Name	Sex	Managing Agency	Case Manager	Case Manager Email	RAE Region	RAE name	RAE Coordinator
Search									
Administration	<a href="#">View</a>	pudding	Figgy	F	ENVISION		RAE 1	Rocky Mountain Health Plans	Name: Tester Toby Email: bus@state.co.us <a href="#">Update</a>
RAE Help Guide									
Logout	<a href="#">View</a>	pudding	Rice	F	WELD COUNTY AREA AGENCY ON AGING		RAE 2	Northeast Health Partners	<a href="#">Update</a>
	<a href="#">View</a>	pudding	Tapioca	F	Access Long Term Support Solutions		RAE 1	Rocky Mountain Health Plans	<a href="#">Update</a>
	<a href="#">View</a>	pudding	Chocolate	M	NORTHEASTERN COLORADO AREA AGENCY ON AGING	Sathya Sundaram	RAE 2	Northeast Health Partners	<a href="#">Update</a>

Click the **View** button to view the client's record.

In your search results you will see a gray **Update** button if the client is in your RAE. **Click the button to assign yourself as the Client's RAE Care Coordinator.**

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Coordinator Screen

Main Menu	Coordinator Information
Administration	<b>Client Information</b>
RAE Help Guide	Client First Name : Figgy
Logout	Client Last Name : Pudding
	<b>Existing RAE Care Coordinator Information</b>
	Coordinator First Name : <b>Toby</b>
	Coordinator Last Name : <b>Tester</b>
	Are you going to be the Primary RAE Care Coordinator for this Client? <input type="radio"/> Yes
	<a href="#">Confirm</a> <a href="#">Back</a>

If you are the Primary RAE Care Coordinator, select the **Yes** radio button. Then click **Confirm**.

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Client - Demographic - Figgy Pudding

<b>Main Menu</b>	<b>RAE Care Coordinator name</b> <b>Tester Toby / bus@state.co.us</b>
Advisement Letter	
Assessment - 100.2	
<b>Client Information</b>	
<b>Insurance &amp; Legal</b>	
Transition Assessment & Planning	
Risk Mitigation Plan	
Critical Incident Reports	
Assessment - HCA	
Case Management	
Case Status	
IADL	
Log Notes	

State ID: Z123456    SSN: 111-111-1111  
 First Name: Figgy    MI:    Last Name: Pudding  
 County: Denver  
 Primary Language: English    Phone: 303-555-1111  
 Marital Status:    Denver, CO 80203  
 Street Address:    Mailing Address:    Mailing Address State:    Client ID for Agency:    Current Living Situation:    Case Status: **M: Open**    CBMS Case Number:

Your information will now display at the top of the Client Information page.

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Client - Case Management - Abigail J Smith

**⚠️ This page will refresh when a Managing Agency or a Secondary Managing Agency is chosen. It is still required to press the SAVE button in order to save your changes in the system.**

<b>Main Menu</b>	<b>Managing Agency Information</b> - this agency is responsible for completing the assessment.
Advisement Letter	
Assessment - 100.2	
<b>Client Information</b>	
Transition Assessment & Planning	Agency: <b>ENVISION - 970-339-5360</b>
Risk Mitigation Plan	Case Manager: Burnham, Terry
Critical Incident Reports	Covering Case Manager: --
Assessment - HCA	Case Management: --
<b>Case Management</b>	Specialist: --
Case Status	
IADL	<b>Secondary Managing Agency Information</b>
Log Notes	Agency: -
LTC 803	Case Manager: --
Program Area	Covering Case Manager: --
Referral	Case Management: --
Service Plan	Specialist: --
Service Plan DD Section	
<b>Administration</b>	<b>Placed Agency Information</b>
<b>RAE Help Guide</b>	Agency: --
<b>Logout</b>	Comment: --

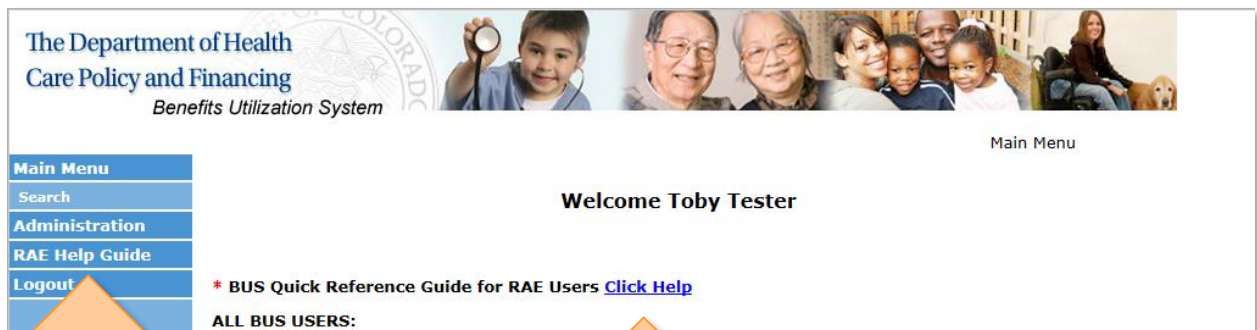
**RAE Information**  
 Region: **RAE 2**  
 RAE Care Coordinator Name: **Tester Toby**  
 Contact:  
 Email: **bus@state.co.us**

Your information will also appear at the bottom of the Case Management screen

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## BUS Main Menu

- After logging in to the BUS, the BUS Main Menu screen will appear. This screen displays current news and information on the BUS, such as system changes and planned outages.
- Please check the BUS stop for additional news and information. The BUS Stop is located at <https://www.colorado.gov/pacific/hcpf/benefits-utilization-system-bus-updates>.
- On the BUS Main Menu screen, you will also find a link for the BUS Quick Reference Guide. This is a shorter guide that describes the most common screens used in the BUS.
- On the left hand, navigation bar, you will also find a link to this guide.



Click here to view the **RAE Help Guide** document.

Click here to view the **RAE Quick Reference Guide** document.

# BUS GUIDE FOR RAES

## Search Screen

- The Search screen allows you to search for clients by
  - State ID
  - Last Name
  - Date of Birth
- Uncheck the Limit to Agency Box if you want to search for clients not within your RAE.

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Client Search

**Main Menu**  
Search  
**Administration**  
RAE Help Guide  
Logout

**Search criteria:** Please enter at least one field in Section 1 optional.

**Section 1**  
State ID   
Last Name

**Section 2**  
Date of Birth  (MM/DD/YYYY)  
Limit To Agency

**Section 3**

**RAE BUS USER SEARCH AGREEMENT:**  
I confirm I am searching for a member of the Accountable Care Collaborative (ACC) who is receiving services provided by a Regional Accountable Entities (RAE). While viewing this member's record, in the BUS, I am bound by all of the terms and conditions of the Department of Health Care Policy and Financing's System User Agreement.

User Agreement:

For this example, we are searching by **last name** for our **test** client with the last name "Pudding."  
You can also search by State ID or Date of Birth.

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## Search Results Screen

- The search results screen displays all clients within the BUS that meet your search criteria. You will only be able to view those clients within your RAE region.
- Click the gray View button to the left of the client to access the client record. This will bring you to the Client Information screen.
- Click the Update button on the right to update the RAE Care Coordinator information.
- The Export to Excel link at the bottom will allow you to export your search results into an Excel file.

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Client Search

Main Menu	Last Name	First Name	Sex	Managing Agency	Case Manager	Case Manager Email	RAE Region	RAE name	RAE Coordinator	
Search	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Name: Tester Toby Email: bus@state.co.us	
Administration	<input type="button" value="View"/>	Pudding	Figgy	F	ENVISION	Terry Burnham		RAE 1	Rocky Mountain Health Plans	<input type="button" value="Update"/>
RAE Help Guide	<input type="button" value="View"/>	Pudding	Rice	F	WELD COUNTY AREA AGENCY ON AGING	Jane Smith		RAE 2	Northeast Health Partners	<input type="button" value="Update"/>
Logout	<input type="button" value="View"/>	Pudding	Tapioca	F	Access Long Term Support Solutions	Rhonda Johnson		RAE 1	Rocky Mountain Health Plans	<input type="button" value="Update"/>
	<input type="button" value="View"/>	Pudding	Chocolate	M	NORTHEASTERN COLORADO AREA AGENCY ON AGING	Sathya Sundaram		RAE 2	Northeast Health Partners	<input type="button" value="Update"/>

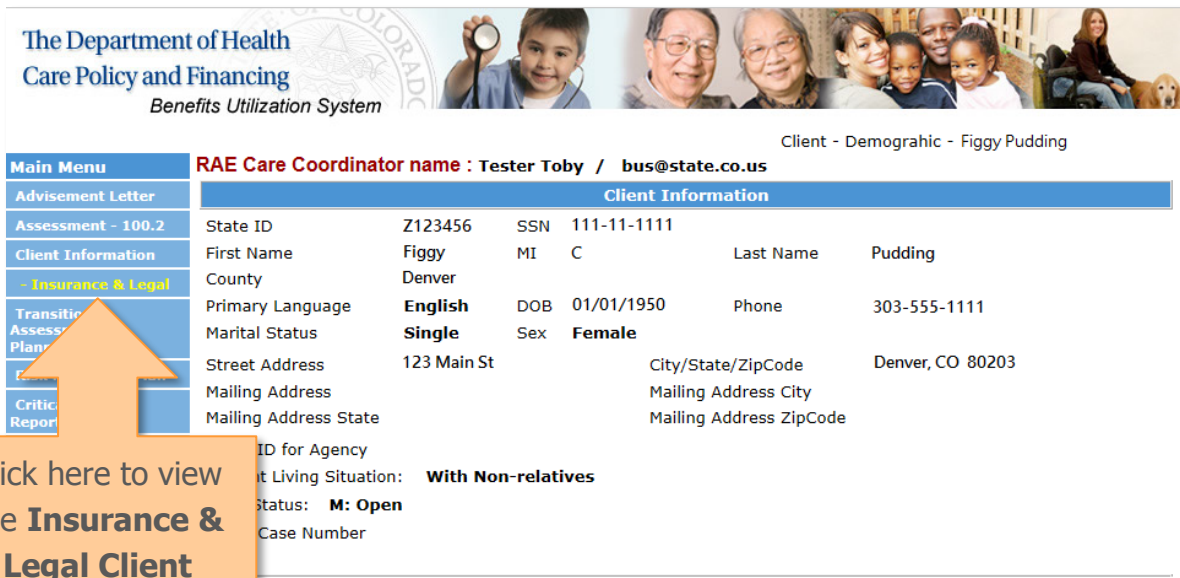
The **View** button will bring you to the Client Information.

Click the **Update** link to assign yourself as the RAE Care Coordinator.

# BUS GUIDE FOR RAES

## Client Information

- Here you will find all the demographic information on the client such as
  - State ID
  - Social Security Number
  - Address
  - Contact Person
  - Referral Client Contact
  - Medical Provider Information
- There also is an Insurance and Legal Client Information subpage, which you can access by clicking on ton the yellow sub-menu below Client Information.



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Client - Demographic - Figgy Pudding

RAE Care Coordinator name : Tester Toby / bus@state.co.us

Client Information					
State ID	Z123456	SSN	111-11-1111		
First Name	Figgy	MI	C	Last Name	Pudding
County	Denver	DOB	01/01/1950	Phone	303-555-1111
Primary Language	English	Sex	Female		
Marital Status	Single	Street Address	123 Main St	City/State/ZipCode	Denver, CO 80203
Mailing Address		Mailing Address City			
Mailing Address State		Mailing Address ZipCode			
ID for Agency		Living Situation:	With Non-relatives		
Status:	M: Open	Case Number			

Click here to view the **Insurance & Legal Client Information** subpage.




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## Client Information: Insurance & Legal

- The Client Information: Insurance & Legal subpage includes
  - Client's Insurance Information
  - Advance Directives
  - Legal Documents

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Client - Insurance - Figgy F Pudding

Main Menu	Client - Insurance Information	
Advisement Letter	<input type="checkbox"/> CHP+	Private Insurance - Client
Assessment - 100.2	<input checked="" type="checkbox"/> Long Term Care Medicaid - 300%	Company :
Client Information	<input type="checkbox"/> Long Term Care Medicaid - Categorical	Private Insurance - Spouse
- Insurance & Legal	<input type="checkbox"/> Long Term Care Medicaid - Spousal 300%	Company :
Transition Assessment & Planning	<input type="checkbox"/> Long Term Care Medicaid - Spousal Categorical	Medicaid Application Mail Date : <b>02/01/2016</b>
Risk Mitigation Plan	<input type="checkbox"/> Medicaid	Medicaid Application County : <b>Archuleta</b>
Critical Incident Reports	<input type="checkbox"/> Medicaid Pending	
Assessment - HCA	<input type="checkbox"/> Medicare Part A	
Case Management	<input type="checkbox"/> Medicare Part B	
Case Status	<input type="checkbox"/> Medicare Part D	
IADL	<input type="checkbox"/> Private Health Insurance	
Log Notes	<input type="checkbox"/> VA Benefits	
LTC 803	<input type="checkbox"/> Other	
Program Area	<input type="checkbox"/> Medicaid Application in Process	
Referral	<input type="checkbox"/> Medicaid Application Needed	
Service Plan	<input type="checkbox"/> Medicaid Application Mailed	
Service Plan DD Section	Comment:	
Administration		

Advance Directives - Information For Party Holding Documents

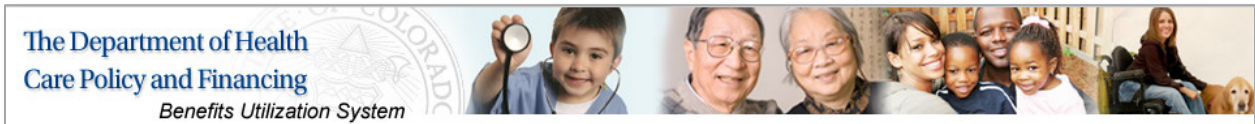
Legal Documents - Information for Party Named in Document



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## Advisement Letter

- Here you will find all the Advisement Letters on file for the client. An Advisement Letter is sent by Case Management Agencies to their Clients advising them of any changes to the services the Client receives. The Client Advisement Letter grid shows
  - The date the Advisement Letter was sent
  - Effective Date of the Advisement Letter
  - Final Date of the Advisement Letter
  - Agency sending the Advisement Letter
  - Client Case Manager



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Client - Advisement Letter - Figgy F Pudding


Main Menu		Event	Date Sent	Effective Date	Final Date	Agency	Case Manager
Advisement Letter							
Assessment - 100.2							
Client Information	<a href="#">View</a>	4	03/21/2014	04/01/2014		Health Care Policy and Financing	Terry Burnham
Transition Assessment & Planning	<a href="#">View</a>	3	03/21/2014	04/01/2014	'03/21/2014'	Health Care Policy and Financing	Terry Burnham
Risk Mitigation Plan	<a href="#">View</a>	2	03/21/2014	04/01/2014	'03/21/2014'	Health Care Policy and Financing	Terry Burnham
Critical Incident Reports	<a href="#">View</a>	1	03/21/2014	03/21/2014		Health Care Policy and Financing	Terry Burnham
Assessment - HCA							

Click the **View** button to see additional information specific to that letter.

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- In the Detailed View, additional information for each Advisement Letter is displayed such as
  - Program area Client is currently enrolled in
  - Effective date of the change
  - Reason for the Advisement Letter
  - Other rules which may be applicable to this change

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Client - Advisement Letter - Figgy F Pudding

<b>Main Menu</b>	<b>Event:</b> 4
Advisement Letter	<b>To:</b> Figgy Pudding 5555 Christmas Lane Broomfield, CO 80020
Assessment - 100.2	
Client Information	
Transition Assessment & Planning	<b>From:</b> Terry Burnham Health Care Policy and Financing 1570 Grant St Denver, CO 80203
Risk Mitigation Plan	
Critical Incident Reports	<b>Date:</b> 03/21/2014
Assessment - HCA	<b>Program Area:</b> <b>Colorado Choice Transitions - HCBS-BI</b>
Case Management	
Case Status	<b>Effective Date:</b> 04/01/2014
IADL	
Log Notes	<b>Reason:</b> You have voluntarily chosen to withdraw from the program (8.393.28.C.3)
LTC 803	<b>Other Rule(s):</b>
Program Area	<b>Other Reason(s):</b>
Referral	
Service Plan	<b>Phone Number:</b> 303-866-6240
Service Plan DD Section	

# BUS GUIDE FOR RAES

## Assessment – 100.2

- The Assessment – 100.2 screen will show every Assessment for the client and the relevant details such as:
  - Assessment Date
  - Event Type
  - Verified Date
  - Authorized Date
  - Assessing Agency

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Client - Assessment - Info - Figgy F Pudding

Main Menu	Event	Assessment Date	Event Type	Verified	Authorized	Final	Assessing Agency	Outcome	Approval	Start Date	End Date	Open End Date	Close Date	Closure Reason
Advisement Letter														
Assessment - 100.2	<a href="#">View</a>	2	06/04/2014	6 Month Review			Health Care Policy and Financing	Approved	NF	07/10/2014		False		
Client Information														
Transition Assessment & Planning	<a href="#">View</a>	1	04/30/2014	Initial Review		05/01/2014	DEPARTMENT HUMAN SERVICES	Approved	PACE LTHH	05/01/2014	04/30/2015	False		
Risk Mitigation Plan														
Critical Incident Reports														

Click the **View** button to see more details of the Assessment.

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- In the Detailed View of the Assessment, you will find additional information such as
  - Case Manager
  - Potential Program

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Client - Assessment - Info - Figgy F Pudding

**Main Menu**

- Advisement Letter
- Assessment - 100.2
  - ADL
  - Medical
  - Assessment Demographic
  - LOC Certification
- Client Information
- Plan
- Reimbursement Plan
- Client Assessment
- Logout

**Event Number** 2

**Assessment Date** 06/04/2014 - (mm/dd/yyyy)

**Event Type**

- 6 Month Review
- Appeal - Decision Overturned
- CCT Certification Extension
- Continued Stay Review
- DI
- Initial Review
- Nursing Facility Transfer
- Reverse DI
- Unscheduled Review
- Waitlist

Health Care Policy and Financing

Rathbun, Tiffani

**Potential Programs**

- HCBS-Brain Injury
- HCBS-Community Mental Health Supports
- HCBS-Developmental Disabilities
- HCBS-Elderly, Blind, Disabled
- HCBS-Spinal Cord Injury - LTCO, JEFFCO Only
- HCBS-Supported Living Services
- HCBS-Childrens Waiver
- HCBS-Children with Autism
- HCBS-Children with Life Limiting Illness
- HCBS-Childrens Extensive Support
- HCBS-Childrens Habilitation Residential Program
- Colorado Choice Transitions - HCBS-BI
- Colorado Choice Transitions - HCBS-CMHS
- Colorado Choice Transitions - HCBS-DD
- Colorado Choice Transitions - HCBS-EBD/18-64


Click the yellow sub menus to navigate to the ADL, Medical, Demographic, and LOC Certification.

# BUS GUIDE FOR RAES

## Assessment – 100.2: ADL

- The Assessment - 100.2: ADL (Activities of Daily Living) subpage displays the following categories of daily living
  - Bathing
  - Dressing
  - Toileting
  - Mobility
  - Transferring
  - Eating
  - Supervision Behavior
  - Supervision Memory

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Client - Assessment - ADL - Figgy F Pudding

<b>Main Menu</b>	
Advisement Letter	<b>ADL - Bathing Information</b>
Assessment - 100.2	<b>Definition: The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene</b>
- ADL	<b>ADL Scoring Criteria</b>
- Medical	2 - The client requires hands on help or line of sight standby assistance throughout bathing activities in order to maintain adequate hygiene and skin integrity.
- Assessment Demographic	
- LOC Certification	<b>Physical Impairment:</b>
Client Information	Amputation
Transition Assessment & Planning	<b>Supervision:</b>
Risk Mitigation Plan	Behavior Issues
Critical Incident Reports	<b>Mental Health:</b>
Assessment - HCA	Delusional
Case Management	<b>Bathing Comments</b>
Case Status	comments
IADL	
Log Notes	

# BUS GUIDE FOR RAES

- Each ADL category includes specific detailed information such as
  - Definition
  - Scoring Criteria
  - Physical Impairments
  - Supervision Needs
  - Mental Health Needs
  - Assessment Comments

# BUS GUIDE FOR RAES

## Assessment – 100.2: Medical

- The Assessment – 100.2: Medical subpage shows information about the Diagnosis such as
  - ICD Code
  - Description
  - Onset Date
  - Source of Information
- This page also provides information on the following categories
  - Target Group Diagnoses
  - Medications Information
  - Diet
  - Allergies
  - Prognosis
  - Medical Supports
  - Institutionalizations

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Client - Assessment - Medical - Diagnosis - Figgy Pudding

Diagnosis Grid				
ICD Code	Diagnosis Description	Diagnosis Onset Date	Diagnosis Source	Diagnosis Description Other Source
F89	Unspec Disorder Psychological		<input checked="" type="checkbox"/> PMIP <input type="checkbox"/> Other Source	
G31.84	Cognitive Impairment		<input checked="" type="checkbox"/> PMIP <input type="checkbox"/> Other Source	Birth
F89	developmental Delay		<input checked="" type="checkbox"/> PMIP <input type="checkbox"/> Other Source	
N94.6	Dysmenorrhea, unspecified		<input checked="" type="checkbox"/> PMIP <input type="checkbox"/> Other Source	

Target Group Diagnoses Grid			
Developmental Disability Diagnosis	Traumatic Brain Injury Diagnosis?	Mental Health Diagnosis	Neurological Exam Date
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	07/01/2015

Medical - Medications Information	
Medication Name:	12345
Dosage Amount:	<b>Take 1 packet</b>
Dosage Frequency:	QD (Every Day)
Route:	PO (By Mouth)
<input checked="" type="checkbox"/> PMIP <input type="checkbox"/> Other Source <input type="checkbox"/> Requires HRC Review (DD Only)	

# BUS GUIDE FOR RAES

## Assessment – 100.2: Assessment Demographic

- On the Assessment - 100.2: Assessment Demographic subpage you will find information regarding details of the Assessment such as
  - Location
  - Who was present at the interview
  - Who provided the information
  - Conditions of the living environment
  - Eligibility assessment summary
  - Adult/Child Protective Services Risks

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Client - Assessment - Assessment Demographic - Figgy F Pudding

<b>Main Menu</b>	<b>*Location of Assessment</b>	<b>*Present at Interview</b>
Advisement Letter	<input checked="" type="radio"/> Applicants Private Residence/Home	<input checked="" type="radio"/> Applicant Only
Assessment - 100.2	<input type="radio"/> Nursing Home	<input type="radio"/> Caregiver(s) Only
- ADL	<input type="radio"/> Hospital/Other Health Care Facility	<input type="radio"/> Applicant and Caregiver(s)
- Medical	<input type="radio"/> Assisted Living	<input type="radio"/> Applicant and Others
- Assessment Demographic	<input type="radio"/> Agency Office	<input type="radio"/> Other <input style="width: 50px;" type="text"/>
- LDC Certification	<input type="radio"/> Relatives Home	
Client Information	<input type="radio"/> Telephone	
Transition Assessment & Planning	<input type="radio"/> Other <input style="width: 50px;" type="text"/>	
<b>Risk Mitigation Plan</b>	<b>*Most of the interview information was provided by</b>	<b>*Living Environment</b>
Critical Incident Reports	<input checked="" type="radio"/> Applicant	<input checked="" type="checkbox"/> Safe
Assessment - HCA	<input type="radio"/> Caregiver	<input type="checkbox"/> Safe with feasible modifications
Case Management	<input type="radio"/> Medical Record	<input type="checkbox"/> Services can not be delivered here
Case Status	<input type="radio"/> Facility Staff	<input type="checkbox"/> Client needs to move so services can be delivered
IADL	<input type="radio"/> All of the Above	<input type="checkbox"/> Client needs to move to a safer environment
Log Notes	<input type="radio"/> Other <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Special home assessment needed
LTC 803		<input type="checkbox"/> Unknown
Program Area		
Referral	<b>*Eligibility Assessment Summary</b>	
Service Plan	Comments <input style="width: 90%; height: 20px;" type="text"/>	
Service Plan DD		



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## Assessment – 100.2: LOC Certification

- The Assessment – 100.2: Level of Care (LOC) Certification subpage will display information regarding
  - Activities of Daily Living Scores
  - Level of Care Determination
  - Services Requirements
  - Long Term Care Certification Information, including programs and denial information

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Client - Certification - LOC - Figgy F Pudding

Activities of Daily Living Scores								
	Bathing	Dressing	Toileting	Mobility	Transfers	Eating	Supervision Behaviors	Supervision Memory/Cognition
Score	2	1	1	0	1	0	0	0

Level of Care Determination	
- LDC Certification	<p><b>To qualify for Medicaid long-term care services, the recipient/applicant must have deficits in 2 out of 6 Activities of Daily Living. A deficit is defined by a Score of 2 or higher in a ADL area or requires at least a moderate score of 2 or higher in Behaviors or Memory/Cognition under Supervision.</b></p>

Client Information	Client Meets Level of Care? <input type="radio"/> Yes <input checked="" type="radio"/> No
Critical Incident Reports	Is there a Professional Medical Information page supporting need for HCBS? <input type="radio"/> Yes <input checked="" type="radio"/> No
Assessment - HCA	Has Developmental Disability Eligibility been determined? <input type="radio"/> Yes <input checked="" type="radio"/> No
Case Management	Is there a Mental Health Diagnosis? <input type="radio"/> Yes <input checked="" type="radio"/> No
IADL	Is there a Traumatic Brain Injury Diagnosis? <input type="radio"/> Yes <input checked="" type="radio"/> No
Log Notes	<i>A diagnosis of dementia must be validated by a neurological exam with documentation by the attending physician.</i>
LTC 803	Neurological Exam Date <input style="width: 100px;" type="text"/>

Services Requirements	
Service Plan DD Section	Comments:
Administration	*Are Waiver Services Needed within 30 days? <input type="radio"/> Yes <input checked="" type="radio"/> No

# BUS GUIDE FOR RAES

## Transition Assessment & Planning

- At this screen you will be able to view the Transition Assessment & Planning documents. The number of plans is also indicated.
- If there are no finalized Transition Assessments, there will be no documents to view.

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**Main Menu**

- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan
- Critical Incident Reports
- Assessment - HCA
- Case Management

**Attention:** You are about to **View** a Transition Assessment & Planning document.

If you did not intend to **view** Transition Assessment & Planning document, select **Return to Transition Process Information Grid** button.

**Transition Assessments & Planning**

The number of Transition Assessments Created this Client is 6

Return to Transition Process Information Grid

Click the **Return to Transition Process Information Grid** button to see the Transition Assessment documents.

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Client - Transition Assessment & Planning - Figgy F Pudding - 5555

**Transition Assessment & Planning**

**Transition Process Information Grid**


	Event	Date of Referral	Date Informed Consent Form Signed	Date Transition Assessment And Plan Finalized	Discharge Plan Date	Number of Days in Transition	Finalized	Summary Page
<a href="#">View</a>	6	10/31/2015	10/31/2015			97	No	Summary page information
	5	10/21/2015	10/21/2015		10/21/2015	107	No	Summary page information
	4	01/31/2015					No	Summary page information

Click the **View** button for Details of the Transition Assessment & Planning.

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- The detailed view of the Transition Assessment and Planning document will show additional information such as
  - Transition Process Information
  - Transition Assessment & Planning Behavioral Assessed Needs
  - Transition Assessment & Planning Behavioral Health Nursing Therapies
  - Transition Assessment & Planning Behavioral Health Community Based Service Plan

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<b>Main Menu</b>	<b>Transition Process Information</b>	
Advisement Letter		
Assessment - 100.2		
Client Information	Event Number	6
Transition Assessment & Planning	Today's Date	<b>02/29/2016</b>
- Medical Assessed Need	*Referral Source	<b>Service Provider</b>
- Physical Accessibility	If Other is selected in the "Referral Source", an entry in the text box is required.	--
- Community Based Service Plan's	*Referral Date	<b>10/31/2015</b>
Risk Mitigation Plan	*Transition Type	<input type="checkbox"/> EBD <input checked="" type="checkbox"/> CCT
Critical Incident Reports	*Name of Facility Transitioning From	<b>Applewood Living Center</b>
Assessment - HCA	*Options Counseling Date	<b>10/31/2015</b>
Case Management	*Population Selection	<input type="checkbox"/> Person with Disabilities
Case Status	*Initial Meeting Date with Transition Coordinator	<input checked="" type="checkbox"/> Person with Mental Illness
IADL	*Has a referral been made to a case management agency?	<input type="checkbox"/> Elderly
Log Notes		<input type="checkbox"/> Individual with Intellectual Disabilities
LTC 803		<b>10/31/2015</b>
Program Area		<input type="radio"/> Yes <input checked="" type="radio"/> No
Referral	CTS Authorization for Release of Information	<input checked="" type="checkbox"/>
Service Plan	CCT Informed Consent Signed Date	<b>10/31/2015</b>
Service Plan DD Section	Risk Mitigation Completed Date	<b>10/31/2016</b>
Administration	Transition Plan Completed Date	<b>10/31/2015</b>
RAE Help Guide	Transition Administrator Reviewed Date	<b>10/31/2015</b>
Logout	LTC 100.2 Completion Date	<b>11/05/2015</b>
	Service Plan Date	<b>11/25/2015</b>
	Planned Discharge Date	<b>11/01/2016</b>
	<b>Transition Assessment &amp; Planning Behavioral Health Assessed Need</b>	
	<b>Mental Health</b>	
	*Does the client have a mental health problem? <input type="radio"/> Yes <input type="radio"/> No	
	Is the client receiving mental health treatment? <input type="radio"/> Yes <input type="radio"/> No	
	*Has the client received past mental health treatment? <input type="radio"/> Yes <input type="radio"/> No	
	*Has the client managed a mental health illness successfully in the past? <input type="radio"/> Yes <input type="radio"/> No	
	*Please explain: --	
	*Does the client have a history of psychiatric hospitalizations while in the community? <input type="radio"/> Yes <input type="radio"/> No	
	*Does the client take medication for mental health issues? <input type="radio"/> Yes <input type="radio"/> No	

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- Returning to the Transition Assessment & Planning grid screen, you can also click the Summary page information of each Transition Assessment & Planning Document

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Client - Transition Assessment & Planning - Figgy F Pudding - 5555

**Transition Assessment & Planning**

**Transition Process Information Grid**


	Event	Date of Referral	Date Informed Consent Form Signed	Date Transition Assessment And Plan Finalized	Discharge Plan Date	Number of Days in Transition	Finalized	Summary Page
<a href="#">View</a>	6	10/31/2015	10/31/2015			97	No	Summary page information
<a href="#">View</a>	5	10/21/2015	10/21/2015		10/21/2015	107	No	Summary page information
<a href="#">View</a>	4	01/31/2015					No	Summary page information

Click the **Summary Page Information** button for a summary of the document.

# BUS GUIDE FOR RAES

- The Summary Information Page displays
  - Transition Process Information
  - Post Transition Visits
  - Transition Event Summary
  - Transition Options Team

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Main Menu	
Advisement Letter	
Assessment - 100.2	
Client Information	
Transition Assessment & Planning	
Risk Mitigation Plan	
Critical Incident Reports	
Assessment - HCA	
Case Management	
Case Status	
IADL	
Log Notes	
LTC 803	
Program Area	
Referral	
Service Plan	
Service Plan DD Section	
Administration	
RAE Help Guide	
Logout	

**Transition Process Information Summary**

Event Number: 6

Actual Discharge Date: 06/01/2016

**Post Transition Visits**

Visit Date	Visit Status
1st visit date (1st visitation day after discharge): 07/01/2016	Visit successful
2nd visit date: 08/01/2016	Client doing well
3rd visit date: 09/01/2016	Client happy with transition

**Transition Event Summary**

\*Transition Status: Successful

If Other is selected in the "Transition Status", an entry in the text box is required.

On Hold:

Date: 01/01/1900

Reason for On Hold: [Dropdown]

If Other is selected in the "Reason for On Hold", an entry in the text box is required.

Reason unable to transition: [Dropdown]

If any of the selection other the "Other" is selected in the "Reason unable to transition", an entry in the text box is required.

Reason unable to transition date: [Text Box]

If Other is selected in the "Reason unable to transition", an entry in the text box is required.

\*Transition Options Team

	Name	Agency	Relation	Other (Needs to be completed when "Other" is selected from the "Relation" option.)
1	Jane Doe	Access and Ability	Case Manager	[Text Box]
2	John Smith	Access and Ability	Transition Coordinator	[Text Box]
3	[Text Box]	[Text Box]	[Text Box]	[Text Box]



# BUS GUIDE FOR RAES

## Transition Assessment & Planning: Medical Assessed Need

- The Transition Assessment & Planning: Medical Assessed Need subpage displays
  - Summary of the Medical Assessed Need
  - Medical Services/ Resources Needed
  - Transition Assessment & Planning Medical Nursing Facility Therapies
  - Transition Assessment & Planning Medical Community Based Service Plan

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**Main Menu**

Advisement Letter

Assessment - 100.2

Client Information

Transition Assessment & Planning

- Medical Assessed Need

- Physical Accessibility

- Community Based Service Plan's

Risk Mitigation Plan

Critical Incident Reports

Assessment - HCA

Case Management

Case Status

IADL

Log Notes

LTC 803

Program Area

Referral

Service Plan

Service Plan DD Section

Administration

RAE Help Guide

Logout

Event Number: 6

Transition Assessment & Planning Medical Assessed Need

\*Has the client received treatment for a medical condition?  Yes  No

Was treatment for a medical condition a reason for entering last facility?  Yes  No

Has the medical condition improved since admission?  Yes  No

Check any of the following medical issues that negatively impact ability to live in the community.

Lack of medical, nursing, or therapy services

Change of health condition

Lack of or no record of emergency contact

Frequency of illness or hospitalization

Difficulty of managing symptoms

Non-compliance with medication instructions

Specifics of medical condition (e.g. stroke, heart attack, diabetes, dementia, etc.)

Describe:

Other: --None--

Client has been unable to return home from hospital or rehab facility for the following reasons: (check all that apply)

Lack of medical, nursing, or therapy services

Describe the condition that was unable to be treated in the community.  
--None--

Cost of medical, nursing, or therapy services

Frequency of illness or hospitalization

Other

**Medical Services/Resources Needed**

	*Assessed Need	Community Provider	Needed prior to move in date	Service initiation date (mm/dd/yyyy)
Physician	<input checked="" type="radio"/> Yes <input type="radio"/> No --		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="06/01/2015"/>
Home Health	<input checked="" type="radio"/> Yes <input type="radio"/> No --		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="06/01/2015"/>
Disposable supplies	<input type="radio"/> Yes <input checked="" type="radio"/> No --		<input type="radio"/> Yes <input checked="" type="radio"/> No --	

# BUS GUIDE FOR RAES

## Transition Assessment & Planning: Physical Accessibility

- On the Transition Assessment & Planning: Physical Accessibility subpage, you will find the
  - Transition Assessment & Planning Physical Accessibility Assessed Needs
  - Transition Assessment & Planning Physical Nursing Facility Therapies
  - Transition Assessment & Planning Physical Community Based Service Plan

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Event Number: 6

**Transition Assessment & Planning Physical Accessibility Assessed Needs**

**Physical Need:** \*Does this person have a physical disability?  Yes  No

If yes, check all that apply:

- Mobility
- Physical
- Hearing
- Vision
- Multiple Disability
- Specific Disability

Check any Personal Care Assistance that is a requirement.

The client has been unable to return home from a hospital or rehab facility for the following:  
(Check all that apply)

- Inability of family/friends to provide personal care
- Shortage of good attendants
- Cost of paying attendants
- Lack of medical, nursing, or therapy services

Describe:

- Need for home modifications
- Need for adaptive aids or mobility device
- Other

The client has had difficulty maintaining a residence in the community for the following reasons:  
(Check all that apply)


- Need for services to help maintain residence
- Concern for safety by family or friends
- Need for home modifications
- Need for adaptive aids or mobility devices
- Other

# BUS GUIDE FOR RAES

## Transition Assessment & Planning: Community Based Service Plans

- The Transition Assessment & Planning: Community Based Service Plans sub menu displays
  - Transition Assessment & Planning House & Household Set-Up Community Based Service Plan
  - Transition Assessment & Planning Transportation Community Based Service Plan
  - Transition Assessment & Planning Independent Living Community Based Service Plan
  - Transition Assessment & Planning Employment Community Based Service Plan
  - Transition Assessment & Planning Support & Safety Community Based Service Plan

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Event Number: 6

**Transition Assessment & Planning House & Household Set-Up Community Based Service Plan**

Main Menu	Community Transition Services (CTS)						
Advisement Letter	<input checked="" type="checkbox"/> Security Deposit that are required to obtain a lease on a residence						
Assessment - 100.2	<input checked="" type="checkbox"/> Set-up or deposits for utility or service access, including telephone, electricity, heating and water						
Client Information	<input checked="" type="checkbox"/> Moving expenses required to occupy a community-based residence						
Transition Assessment & Planning	<input checked="" type="checkbox"/> Health and safety assurances including a one-time pest eradication and one-time cleaning prior to occupy						
- Medical Assessed Need	<b>Housing &amp; Household Set Up Services Referral Section</b>						
- Physical Accessibility							
- Community Based Service Plan's							
Risk Mitigation Plan							
Critical Incident Reports	Service	Service Type	Entity responsible for referral	Person to make referral	Date Service Required (mm/dd/yyyy)	Date by which to complete referral (mm/dd/yyyy)	Date Referral Completed (mm/dd/yyyy)
Assessment - HCA	HUD	Community Resource	Transition Coordinator	TC	07/01/2015	08/01/2015	08/01/2015
Case Management	Food Stamps	Community Resource	Transition Coordinator	TC	07/01/2015	08/01/2015	08/01/2015
Case Status	Other						
IADL	Household setup items	Community Transition Services	Transition Coordinator	TC	07/01/2015	08/01/2015	08/01/2015
Log Notes	Security deposit that are required to obtain a lease on a residence	Community Transition Services	Transition Coordinator				
LTC 803	Set-up or deposits for utility or service access, including telephone, Services	Community Transition Services	Transition Coordinator				
Program Area	heating and water	Community Transition Services	Transition Coordinator				
Referral							
Service Plan							
Service Plan DD Section							
Administration							
RAE Help Guide							
Logout							




# BUS GUIDE FOR RAES

## Risk Mitigation Plan

- The main screen of the Risk Mitigation Plan displays a grid with details of each Risk Mitigation plan such as
  - Finalization Date
  - Effective Date
  - Planning Agency

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Client - Risk Mitigation Plan - Figgy F Pudding

Risk Mitigation Plans					
		Plan No. (Event)	Finalized	Effective Date	Planning Agency
Transition Assessment & Planning	<a href="#">View</a>	15		10/05/2015	Health Care Policy and Financing
Risk Mitigation Plan	<a href="#">View</a>	14	<b>Withdrawn</b>	04/02/2015	Health Care Policy and Financing
Critical Incident Reports	<a href="#">View</a>	13	02/26/2015	02/11/2015	Health Care Policy and Financing
Assessment - HCA					
Case Management	<a href="#">View</a>	12	<b>Withdrawn</b>	02/01/2015	Health Care Policy and Financing
Case Status					
IADL	<a href="#">View</a>	11	02/03/2015	01/31/2015	Health Care Policy and Financing
Log Notes					
LTC 803	<a href="#">View</a>	10	<b>Withdrawn</b>	01/28/2015	Health Care Policy and Financing
Program Area					
Referral	<a href="#">View</a>	9	02/03/2015	12/01/2014	Health Care Policy and Financing
Service Plan					
Service Plan DD Section	<a href="#">View</a>	8		12/01/2014	Health Care Policy and Financing


Click the **View** button for a detailed version of each Risk Mitigation Plan.

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## Risk Mitigation Plan: Information

- The detailed view of the Risk Mitigation plan displays the same information as the Risk Mitigation Plan Information subpage.
- The Risk Mitigation Plan: Information subpage displays the following information
  - Risk Mitigation Plan Summary
  - Risk Mitigation Plan Risks Check List

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Client - Risk Mitigation Plan - Figgy F Pudding

	Risk Mitigation Plan 15 - Information
<b>Main Menu</b>	
Advisement Letter	
Assessment - 100.2	Risk Assessment is an important part of the assessment and service planning process. This agreement serves as documentation of a conversation through which the individual or his/her legal representative have been presented with the potential risks identified through the assessment process, the source of those risks, the alternatives available to address the risks identified and an acknowledgement by the individual or his/her legal representative that the identified risks exist and the individual has agreed to assume these risks in order to return to the community.
Client Information	
Transition Assessment & Planning	
Risk Mitigation Plan	
- Information	<b>Name of the Participant:</b> Figgy F Pudding
- Risks Checklist	<b>Case Management Agency:</b> Health Care Policy and Financing
Critical Incident Reports	<b>Transition Coordination Agency:</b>
Assessment - HCA	<b>Effective Date:</b> 10/05/2015
Case Management	
Case Status	<b>Reason Revised:</b> <span style="border: 1px solid #ccc; padding: 2px;">Hospital admission</span> ▼
IADL	
Log Notes	<b>Revision Notes:</b>
LTC 803	Notes. Plan revised 2/29/2016
Program Area	
Referral	
Service Plan	
Service Plan DD Section	
<b>Administration</b>	
RAE Help Guide	<b>The Participant indicates that he/she is in agreement with the Risk Mitigation Plan:</b> <input checked="" type="checkbox"/>
Logout	<b>Participant/Legal Representative Signature on file:</b> <input checked="" type="checkbox"/> <b>Date:</b> 10/01/2015
	<b>Case Manager Signature on file:</b> <input checked="" type="checkbox"/> <b>Date:</b> 10/01/2015

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## Risk Mitigation: Risks Check List

- The Risk Mitigation: Risks Check List subpage displays a more detailed version of the Risks Check List outline in the Risk Mitigation Information subpage.
- This page displays the same risks but has the risks broken down into the following categories
  - Behavioral Health
  - Life Management
  - Health and Wellness
  - Medication
  - Nutrition
- Each category will display
  - The Identified Risk
  - Strategies
  - Monitoring and Reporting Plan

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Client - Risk Mitigation Plan - Figgy F Pudding

<b>Main Menu</b>	<b>Risk Mitigation Plan</b>
Advisement Letter	
Assessment - 100.2	Risk Assessment is an important part of the assessment and service planning process. This agreement serves as documentation of a conversation through which the individual or his/her legal representative have been presented with the potential risks identified through the assessment process, the source of those risks, the alternatives available to address the risks identified and an acknowledgement by the individual or his/her legal representative that the identified risks exist and the individual has agreed to assume these risks in order to return to the community.
Client Information	
Transition Assessment & Planning	
Risk Mitigation Plan	<b>Name of the Participant:</b> Figgy F Pudding
- Information	<b>Case Management Agency:</b> Health Care Policy and Financing
- Risks Checklist	<b>Transition Coordination Agency:</b>
Critical Incident Reports	<b>Effective Date:</b> 10/05/2015
Assessment - HCA	
Case Management	
Case Status	
IADL	
Log Notes	<b>Behavioral Health</b>
LTC 803	
Program Area	<b>Behavioral Health</b> issues are any behaviors that place the individual and/or others at greater risk. These may include poor decision making about safety and health issues, violent or criminal behavior, and substance abuse, non-compliance with treatment and/or medications and self-harm behaviors.
Referral	
Service Plan	<b>Identified Risks:</b>
Service Plan DD Section	<b>Aggressive behavior:</b>
Administration	
RAE Help Guide	
Logout	

# BUS GUIDE FOR RAES

## Critical Incident Reports

- The Critical Incident Reports main page displays a grid with details about each Critical Incident such as
  - Critical Incident Report (CIRS) ID
  - Date Reported
  - Incident Date
  - Agency
  - Case Manager
  - Program Type
  - Incident Type
  - HCPF Review Entered
  - Follow Up Entered

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CIRS - Critical Incident Report - Figgy F Pudding

Critical Incident Reports										
	CIRS ID	CIRS ID old	Date Reported	Incident Date	Agency	Case Manager	Program Type	Incident Type	HCPF Review Entered	Follow Up Entered
<a href="#">View</a>	28518		12/08/2015	12/09/2015	Health Care Policy and Financing	Gangasagar Thota	HCBS - Elderly, Blind, Disabled	Death	This CIR has been reviewed by the BUS and further follow-up is not necessary.	None
<a href="#">View</a>	28517		12/08/2015	12/01/2015	Health Care Policy and Financing	Terry Burnham	HCBS - Spinal Cord Injury - LTCO, JEFFCO Only	Death		None

Click the **View** button for a detailed version of each Critical Incident Report.

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- The detailed view of the CIRS page will show additional details that were not shown in the summary grid. These include
  - Medicaid ID
  - HCBS Waiver Program
  - Location of the Incident
  - Hospitalization or Institutionalization
- This detailed screen will also display details of the death if applicable

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CIRS - Critical Incident Report - Figgy F Pudding


Main Menu	Critical Incident Reporting	
Advisement Letter		
Assessment - 100.2		
Client Information	<b>CIRS ID:</b>	28518
Transition Assessment & Planning	<b>Date of Incident:</b>	12/09/2015
Risk Mitigation Plan	<b>Time of Incident:</b>	11:11
Critical Incident Reports	<b>Date Case Manager Notified of Critical Incident:</b>	12/09/2015
- Persons Involved	<b>Entry Date:</b>	12/08/2015
- Follow-Up	<b>Entry Time:</b>	14:23
- HCPF Review	<b>Client Name:</b>	Figgy Pudding
Assessment - HCA	<b>Client Medicaid ID:</b>	Z998877
Case Management	<b>Client Medicaid DOB:</b>	06/30/1900
Case Status	<b>HCBS Waiver Program:</b>	HCBS-Elderly, Blind, Disabled
IADL	<b>Case Manager Name:</b>	Gangasagar Thota
Log Notes	<b>Agency Name:</b>	Health Care Policy and Financing
LTC 803	<b>Name of Person Reporting Incident to a SEP:</b>	dfvdgdr
Program Area	<b>Did the Client Report this Incident?</b>	No
Referral	<b>Name of Provider Agency who Reported incident to Case Manager:</b>	fdgvfdgdrfg
Service Plan	<b>Is the Provider Agency reporting the incident an Assisted Care Facility (ACF)?</b>	No
Service Plan DD Section	<b>Location of Incident:</b>	Day Program or School
Administration	<b>Was Anyone other than the client involved in the incident?</b>	No
RAE Help Guide		
Logout		

# BUS GUIDE FOR RAES

## Critical Incident Reports: Persons Involved

- On the Critical Incident Reports: Persons Involved subpage, you will find a grid of the Critical Incident Reports (like the CIRS Main page)

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CIRS - Critical Incident Report - Figgy F Pudding

Critical Incident Reports									
	CIRS ID	CIRS ID old	Date Reported	Incident Date	Agency	Case Manager	Program Type	Incident Type	
View Person Involved	28522		02/11/2016	10/18/1933	Health Care Policy and Financing	RAE TestUser	Colorado Choice Transitions - HCBS - EBD/65+	Other High Risk Issues	
View Person Involved	28521		02/11/2016	10/18/1933	Health Care Policy and Financing	RAE TestUser	Colorado Choice Transitions - HCBS - SLS	Other High Risk Issues	

Click the **View** button for a detailed version of the Persons Involved.



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- The detailed view of the Persons Involved screen displays
  - Person Involved ID
  - CIRS Entry ID
  - Person Involved Category
  - Person Role
  - Name of Person Involved

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CIRS - Critical Incident Report - Figgy F Pudding

Main Menu	Persons Involved in Critical Incident						
Advisement Letter	Person Involved ID	CIRS Entry ID	Person Involved	Person Involved Other	Person Role	Person Role Other	Person Name
Assessment - 100.2	2219	27180	Personal Care Provider		Alleged Perpetrator		name
Client Information							
Transition Assessment & Planning							
Risk Mitigation Plan							

# BUS GUIDE FOR RAES

## Critical Incident Reports: Follow-Up

- The Critical Incident Reports Follow-Up subpage shows a grid of the Critical Incident Reports (similar to that found on the CIRS Main page)

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CIRS - Critical Incident Report - Figgy F Pudding

Critical Incident Reports										
	CIRS ID	CIRS ID old	Date Reported	Incident Date	Agency	Case Manager	Program Type	Incident Type	HCPF Review Entered	
<a href="#">View Follow Up</a>	28522		02/11/2016	10/18/1933	Health Care Policy and Financing	RAE TestUser	Colorado Choice Transitions - HCBS - EBD/65+	Other High Risk Issues	None	
<a href="#">View Follow Up</a>	28521		02/11/2016	10/18/1933	Health Care Policy and Financing	RAE TestUser	Colorado Choice Transitions - HCBS - SLS	Other High Risk Issues	None	


Click the **View** button for a detailed version of the Follow-Up.



# BUS GUIDE FOR RAES

- The Detailed View of the Follow-Up screen displays additional information such as
  - Follow Up ID
  - CIRS Entry ID
  - Follow Up Date
  - Follow Up Time
  - Follow Up Entered By
  - HCPF Review Response
  - If the Allegation was True
  - Allegation Reported
  - Added Services
  - Contacts
  - Follow Up Description

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CIRS - Critical Incident Report - Figgy F Pudding

Main Menu	Follow Up								
Advisement Letter	Follow Up ID	CIRS Entry ID	Follow Up Date	Follow Up Time	Follow Up Entered By	HCPF Review Response	Allegation True?	Allegation Reported?	Added Services
Assessment - 100.2	2	24928	08/25/2014	14:13	Mike Kissinger	No	No		None
Client Information	<b>Contacts:</b> 1. Client <b>Agency:</b> test <b>Name:</b> test 2. None 3. None 4. None 5. None 6. None								
Transition Assessment & Planning	<b>Added Services Description:</b>								
Risk Mitigation Plan	<b>Follow Up Description:</b> test								
Critical Incident Reports									
- Persons Involved									
- Follow-Up									
- HCPF Review									
Assessment - HCA	1	24928	08/25/2014	14:04	Mike Kissinger	No	No		None
Case Management	<b>Contacts:</b> 1. Client <b>Agency:</b> test <b>Name:</b> test 2. None 3. None 4. None 5. None 6. None								
Case Status	<b>Added Services Description:</b>								
IADL	<b>Follow Up Description:</b> test								
Log Notes									
LTC 803									
Program Area									
Referral									
Service Plan									

# BUS GUIDE FOR RAES

## Critical Incident Reports: HCPF Review

- The Critical Incident Reports HCPF Review subpage shows a grid of the Critical Incident Reports (like the grid you find on the CIRS Main page)

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CIRS - Critical Incident Report - Figgy F Pudding


Critical Incident Reports									
	CIRS ID	CIRS ID old	Date Reported	Incident Date	Agency	Case Manager	Program Type	Incident Type	
View HCPF Review	28522		02/11/2016	10/18/1933	Health Care Policy and Financing	RAE TestUser	Colorado Choice Transitions - HCBS - EBD/65+	Other High Risk Issues	
View HCPF Review	28521		02/11/2016	10/18/1933	Health Care Policy and Financing	RAE TestUser	Colorado Choice Transitions - HCBS - SLS	Other High Risk Issues	

Click the **View** button for a detailed version of the HCPF Review.

# BUS GUIDE FOR RAES

- The detailed version of the HCPF Review subpage screen shows
  - HCPF Review ID
  - CIRS Entry ID
  - Review Entered By
  - Review Date
  - Review Time
  - Follow Up Needed With
  - Follow Up Due Date
  - Report Disposition
  - Review Summary

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CIRS - Critical Incident Report - Figgy F Pudding

Main Menu	HCPF Review						
Advisement Letter							
Assessment - 100.2							
Client Information	HCPF Review ID	CIRS Entry ID	Review Entered By	Review Date	Time	Follow up Needed With	Follow-Up Due Date
Transition Assessment & Planning	1	28518	Michael Pasillas 303-866-5564	12/08/2015	14:23 PM		01/01/1900
Risk Mitigation Plan	<b>Report Disposition:</b>						
Critical Incident Reports	Report Complete - No Additional Follow-Up Necessary						
- Persons Involved	<b>Review Summary:</b> This CIR has been reviewed by the BUS and further follow-up is not necessary.						
- Follow-Up							
- HCPF Review							
Assessment - HCA							

# BUS GUIDE FOR RAES

## Assessment – HCA

The Home Care Allowance (HCA) is a special allowance for the purpose of securing services for a Client based on their Case Manager's assessment.

- Assessment - HCA screen shows a grid with details such as
  - Event Type
  - Final Date
  - Input Worker
  - Assessing Agency
  - Payment Effective
  - Assessment Date
  - Program Approval
  - Group



Main Menu	Event	Event Type	Final Date	Input Worker	Assessing Agency	Payment Effective	Assessment Date	Program Approval	Group	
Advisement Letter										
Assessment - 100.2	<a href="#">View</a>	1	Initial		Shannon Abood	Health Care Policy and Financing		10/08/2015	None	DD/MR
Client Information										
Transition Assessment &										

Click the **View** button for a detailed version of the Assessment – HCA.

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- The detailed view screen of the Assessment - HCA displays information regarding
  - Home Care Allowance/Adult Foster Care Eligibility Determination
  - General Information
  - Home Care Allowance/Adult Foster Care Computation and Approval

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Client - HCA - Figgy F Pudding

Main Menu	Home Care Allowance / Adult Foster Care Eligibility Determination			
Advisement Letter	Document due to type of impairment (why), client needs assistance with (what) by (whom) and how often (when). Indicate if the client uses adaptive equipment (i.e. wheelchair, cane, walker). Also use this space to justify the need care score for HCA/AFC.			
Assessment - 100.2	Indicate if the client uses adaptive equipment (i.e. wheelchair, cane, walker). Also use this space to justify the need care score for HCA/AFC.			
Client Information				
Transition Assessment & Planning	General Information			
Risk Mitigation Plan	Event Number: 1			
Critical Incident Reports	Assessment Date: <b>10/08/2015</b>			
Assessment - HCA	Event Type: <b>Initial</b>			
Case Management	Assessing Agency: <b>Health Care Policy and Financing</b>			
Case Status	Case Manager: <b>Abood, Shannon</b>			
IADL	Admission Source: <b>ACF</b>			
Log Notes	Final Date:			
LTC 803				
Program Area	Critical ADLs	Client Functional Capacity (Impairment)	Documentation	Need For Paid Care (Frequency HCA Only)
Referral				
Service Plan				
Service Plan DD Section	Transfers	1 (0) ▼	<input style="width: 100%; height: 40px;" type="text"/>	N (0) ▼
Administration				
RAE Help Guide				
Logout				
	Bladder Care	1 (0) ▼	<input style="width: 100%; height: 40px;" type="text"/>	N (0) ▼

# BUS GUIDE FOR RAES

## Case Management

- On the Case Management page, you will be able to view the Managing Agency Information which includes
  - Name of Agency
  - Case Manager
  - Covering Case Manager
  - CM Specialist
- You will also view the Secondary Managing Agency and Placed Agency information.
- If you are assigned as the RAE Case Coordinator for this client, your information will show at the bottom of the page under RAE information.

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Client - Case Management - Figgy Pudding

**⚠ This page will refresh when a Managing Agency or a Secondary Managing Agency is chosen. It is still required to press the SAVE button in order to save your changes in the system.**

<b>Main Menu</b>	
Advisement Letter	
Assessment - 100.2	
<b>Client Information</b>	<b>Managing Agency Information</b> - this agency is responsible for completing the assessment.
Transition Assessment & Planning	Agency <b>ENVISION - 970-339-5360</b>
Risk Mitigation Plan	Case Manager    Burnham, Terry
Critical Incident Reports	Covering Case Manager :    --
Assessment - HCA	Case Management Specialist :    --
<b>Case Management</b>	
Case Status	
<b>IADL</b>	<b>Secondary Managing Agency Information</b>
Log Notes	Agency :        --
LTC 803	Case Manager    --
Program Area	Covering Case Manager :    --
Referral	Case Management Specialist :    --
Service Plan	
Service Plan DD Section	
<b>Administration</b>	<b>Placed Agency Information</b>
<b>RAE Help Guide</b>	Agency :
<b>Logout</b>	Comment :
	<b>RAE Information</b> Region : <b>RAE 2</b> RAE Care Coordinator Name: <b>Tester Toby</b> Contact: Email: <b>bus@state.co.us</b>

The RAE Information including Care Coordinator will be displayed here.




# BUS GUIDE FOR RAES

## Case Status

- The Case Status Screen displays all the client Case Statuses from the
  - Managing Agency
  - Secondary Agency
  - Other Agencies
- For each Case Status, you will be able to see the
  - Case Status Date
  - Status Code (Open, Pending, Appeal, Denial, Closed, etc.)
  - Input User (who entered the Case Status)
  - Input Agency
  - Date Entered

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Client - Case Status - Figgy F Pudding

<b>Main Menu</b>					
Advisement Letter	<b>Managing Agency</b>				
Assessment - 100.2	Case Status Date	Status Code	Input User	Input Agency	Date Entered
Client Information	There are no case status records for this agency				
Transition Assessment & Planning	<b>Secondary Agency</b>				
Risk Mitigation Plan	Case Status Date	Status Code	Input User	Input Agency	Date Entered
Critical Incident Reports	11/23/2014	Closed	Mike Kissinger	A Rise Above	11/25/2014 01:22:44 PM
Assessment - HCA	11/17/2014	Open	Terry Burnham	A Rise Above	11/25/2014 01:23:01 PM
Case Management	09/12/2014	Open	Mike Kissinger	A Rise Above	09/15/2014 11:29:06 AM
Case Status	08/01/2014	Appeal	Terry Burnham	A Rise Above	08/01/2014 08:04:39 AM
IADL	<b>Other Agencies</b>				
Log Notes	Case Status Date	Status Code	Input User	Input Agency	Date Entered
LTC 803	There are no case status records for this agency				

# BUS GUIDE FOR RAES

## IADL

- The Instrumental Activities of Daily Living (IADL) main screen shows
  - Assessment Date
  - Final Date
  - Input Worker
  - Input Agency

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Client - IADL - Figgy F Pudding

Main Menu	Event	Assessment Date	Final Date	Input Worker	Input Agency
Advisement Letter	<a href="#">View</a>	1	11/06/2015	Terry Burnham	Health Care Policy and Financing
Assessment - 100.2					
Client Information					
Transition					

Click the **View** button for a detailed version of the IADL.



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- The detailed version of the IADL screen displays
  - LTC Assessment for Instrumental Activities of Daily Living
  - Date
  - Functional Deficits

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Client - IADL - Figgy F Pudding

<b>Main Menu</b>	<b>LTC Assessment for Instrumental Activities of Daily Living</b>					
Advisement Letter	<b>None:</b> The client is independent in completing activity safely					
Assessment - 100.2	<b>Minimal Assistance:</b> The client can manage IADL task but must be reminded or supervised at least some of the time or the client may require stand-by assistance, may require limited hands on assistance					
Client Information	<b>Moderate Assistance:</b> The client regularly requires verbal and/or hands on assistance with IADL task.					
Transition Assessment & Planning	<b>Maximum Assistance:</b> The client is dependent on others to perform or complete the IADL task.					
Risk Mitigation Plan	<b>Date</b>					
Critical Incident Reports	<b>Date: 11/06/2015</b>					
Assessment - HCA	<b>Functional Deficits</b>					
Case Management	<b>Physical Impairments</b>		<b>Supervision</b>		<b>Mental Health</b>	
Case Status	<input checked="" type="checkbox"/> Pain		<input type="checkbox"/> Cognitive Impairment		<input type="checkbox"/> Lack of Motivation / Apathy	
IADL	<input type="checkbox"/> Visually Impaired		<input type="checkbox"/> Memory Impairment		<input type="checkbox"/> Delusional	
Log Notes	<input type="checkbox"/> Limited Range Of Motion		<input type="checkbox"/> Behavior Issues		<input type="checkbox"/> Hallucinations	
LTC 803	<input type="checkbox"/> Weakness		<input type="checkbox"/> Lack of Awareness		<input type="checkbox"/> Paranoia	
Program Area	<input type="checkbox"/> Balance Problems		<input type="checkbox"/> Difficulty Learning			
Referral	<input type="checkbox"/> Shortness of Breath		<input type="checkbox"/> Seizures			
Service Plan	<input type="checkbox"/> Decreased Endurance					
Service Plan DD Section	<input type="checkbox"/> Falls					
Administration	<input type="checkbox"/> Paralysis					
RAE Help Guide	<input type="checkbox"/> Neurological Impairment					
Logout	<input type="checkbox"/> Oxygen Use					
	<input type="checkbox"/> Muscle Tone					
	<input type="checkbox"/> Amputation					
	<input type="checkbox"/> Open Wound					
	<input type="checkbox"/> Stoma Site					
	<b>IADL Task</b>	<b>NEED FOR ASSISTANCE</b>				<b>COMMENTS</b>
		<b>None</b>	<b>Minimal</b>	<b>Moderate</b>	<b>Maximum</b>	
	HYGIENE: The ability to perform grooming, shaving, nail care, body care, oral care or hair care for the purpose of	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

# BUS GUIDE FOR RAES

## Log Notes

- The Log Notes page displays the log notes grid, which displays 60 days of log notes for the client. This grid automatically defaults to display all log notes.
- Here you find the details of each log note such as
  - Contact Date
  - Type of Contact
  - Who Was Contacted Units
  - Date the Log Note was Entered
  - The Confidentiality of the Log Note
  - Who the Log Note was Entered By
  - Notes

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Client - Log Notes - Figgy F Pudding

**Main Menu** View  All Lognotes  Non System Generated Lognotes

Log notes grid shows 60 days of log notes for a client.  
If you need to view more historical log notes, please use the View/Print Range or Log Notes Search Options.

	Contact Date	Type of Contact	Who Contacted	Units	Date Entered	Confidential	Entered By	Narrative
<input type="button" value="View"/>	12/17/2015 02:28:59 PM		System		12/17/2015 02:28:59 PM	False	Gangasagar Thota	Risk Mitigation Plan withdrawn.
<input type="button" value="View"/>	11/30/2015 09:01:39 M		System		11/30/2015 09:01:39 M	False	Mike Kissinger	Risk Mitigation Plan Added.
<input type="button" value="View"/>					11/09/2015 9:41:04 M	False	Mike Kissinger	Risk Mitigation Plan Added.

Select the **View** Button for a detailed view of the Log Note.

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- In the Detailed View of the Log Note, you can find additional details such as the time of contact

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**Main Menu**

- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan
- Critical Incident Reports
- Assessment - HCA
- Case Management
- Case Status
- IADL

**LogNotes Record View Page**

**Date Entered:** 08/12/2015  
**Date of Contact:** 08/12/2015  
**Time of Contact:** 11:56:15 AM  
**Person Contacted:** Adult Protection Worker  
**Log Note Unit:** 0  
**Type of Contact:** Summary Report - CDAS Reassessment  
**Confidential:** No  
**Entered By:** Gangasagar Thota  
**Narrative:** test cfm file to find

Exit

- If you want to only view the Non System Generated Log Notes (log notes that are manually entered by the client's Case Manager), select the Non System Generated Log Notes button and hit refresh.

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Client - Log Notes - Figgy F Pudding

**Main Menu**

- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan
- Critical Incident Reports
- Assessment - HCA
- Case Management
- Case Status
- IADL

**View**  All Log Notes  Non System Generated Log Notes

Log notes grid shows log notes for a client.  
If you need to view log notes, please use the View/Print Range or Log Notes Search Options.

Contact	Who Contacted	Units	Date Entered	Confidential	Entered By	Narrative	
	System		02/29/2016 01:54:22 PM	False	Terry Burnham	TC Home 1st Visit 07/01/2016	
	System		02/29/2016 01:54:22 PM	False	Terry Burnham	TC Home 2nd Visit 08/01/2016	
<input type="button" value="View"/>	02/29/2016 01:54:22 PM	TC Home Visit	System	02/29/2016 01:54:22 PM	False	Terry Burnham	TC Home 3rd Visit 09/01/2016

**First, select the Non System Generated Log Notes button and click Refresh.**

# BUS GUIDE FOR RAES

## LTC 803

- The main LTC 803 screen shows the LTC 803 letters in a grid with details such as
  - Date and Time Entered
  - Effective Date
  - Final Date
  - Case Manager
  - Notification Type

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Client - LTC 803 - Figgy F Pudding


Main Menu		Entered	Effective	Final	Case Manager	Notification Type
Advisement Letter						
Assessment - 100.2	<a href="#">View</a>	10/06/2014 03:17:45 PM	11/01/2014	10/06/2014	Terry Burnham	Eligible to receive services
Client Information						
Transition						

Click the **View** button for a detailed version of the LTC 803.

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- The detailed view of the LTC 803 Letter will display
  - Long Term Care 803 General Information
    - Long Term Care Program
    - Mailed Date
    - Effective Date of Change
    - Date Client Must Respond By
    - Type of Notification
    - Case Manager

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Client - LTC 803 - Figgy F Pudding

	Long Term Care 803 General Information	
<b>Main Menu</b> Advisement Letter Assessment - 100.2 Client Information Transition Assessment & Planning Risk Mitigation Plan Critical Incident Reports Assessment - HCA Case Management Case Status IADL Log Notes LTC 803 Program Area Referral Service Plan Service Plan DD Section <b>Administration</b> RAE Help Guide Logout	<p><b>Refers to Following Long Term Care Program</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> HCBS/Consumer Directed Care for the Elderly</li> <li><input type="checkbox"/> HCBS-Brain Injury</li> <li><input type="checkbox"/> HCBS-Community Mental Health Supports</li> <li><input type="checkbox"/> HCBS-Developmental Disabilities</li> <li><input type="checkbox"/> HCBS-Elderly, Blind, Disabled</li> <li><input type="checkbox"/> HCBS-Persons Living with AIDS</li> <li><input type="checkbox"/> HCBS-Spinal Cord Injury - LTCO, JEFFCO Only</li> <li><input type="checkbox"/> HCBS-Supported Living Services</li> <li><input type="checkbox"/> HCBS-Childrens Waiver</li> <li><input type="checkbox"/> HCBS-Children with Autism</li> <li><input type="checkbox"/> HCBS-Children with Life Limiting Illness</li> <li><input checked="" type="checkbox"/> HCBS-Childrens Extensive Support</li> <li><input type="checkbox"/> HCBS-Childrens Habilitation Residential Program</li> <li><input type="checkbox"/> Colorado Choice Transitions - HCBS-BI</li> <li><input type="checkbox"/> Colorado Choice Transitions - HCBS-CMHS</li> <li><input type="checkbox"/> Colorado Choice Transitions - HCBS-DD</li> <li><input type="checkbox"/> Colorado Choice Transitions - HCBS-EBD/18-64</li> </ul>	<p><b>General Information</b></p> <p><i>Mailed Date</i>                   <b>10/01/2014</b> (mm/dd/yyyy)</p> <p><i>Effective Date of Change</i>           <b>11/01/2014</b></p> <p><i>Date Client Must Respond By</i>           <b>10/31/2014</b></p> <p><b>Type of Notification</b></p> <p>*(complete Denial Reason)  <input checked="" type="radio"/> Eligible to receive services</p> <p>*(complete Denial Reason)  <input type="radio"/> Eligible to receive services - Waitlist</p> <p>*(complete Denial Reason)  <input type="radio"/> Not eligible for waitlist or not eligible or no longer eligible to receive services</p> <hr/> <p>*(complete Service Change)  <input type="radio"/> Service(s) is/are denied</p> <p>*(complete Service Change)  <input type="radio"/> Services are being decreased or changed</p> <p><input type="radio"/> <b>Clear Answer</b></p> <p><i>Case Manager</i>                   <b>Aceves, Roberta</b></p> <p><i>Phone Number</i>                   <b>303-866-0987</b></p>




# BUS GUIDE FOR RAES

## Program Area

- The Program Area page shows a summary grid of Program Areas under the
  - Managing Agency
  - Secondary Agency
  - Other Agencies
- Each of these categories displays
  - Program Area
  - Open Date
  - Closed Date
  - Closure Reason
  - Input User
  - Input Agency

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Client - Program Area - Figgy F Pudding


Main Menu	Managing Agency						
Advisement Letter	Program Area	Open Date	Closed Date	Closure Reason	Input User	Input Agency	
Assessment - 100.2	There are no Program Area records for this agency						
Client Information							
Transition Assessment & Planning							
	Secondary Agency						
	Program Area	Open Date	Closed Date	Closure Reason	Input User	Input Agency	
Risk Mitigation Plan							
Critical Incident Reports	<a href="#" style="border: 1px solid #ccc; padding: 2px;">View</a>	HCBS-Brain Injury - LTHH - AFC	11/04/2015			Mike Kissinger A Rise Above	
Assessment - HCA							
Case Management							
	Other Agencies						
	Program Area	Open Date	Closed Date	Closure Reason	Input User	Input Agency	
Case Status	There are no records for other agencies						

Click the **View** button for a detailed version of the Program Area.


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- The Detailed View of the Program Area will show additional details about the Program Area

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Client - Program Area - Figgy F Pudding

 Please note that a Program Area can only be added with an Approved certification.

Program Area : **HCBS-Brain Injury**

Long Term Home Health:   
Adult Foster Care:   
Home Care Allowance:   
Consumer Directed Attendant Support Services:

Agency: A Rise Above ▼

Open Date: **11/04/2015**

Closed Date: **--**

Closure Reason: **--**

**Main Menu**

- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan
- Critical Incident Reports
- Assessment - HCA
- Case Management
- Case Status
- IADL
- Log Notes

# BUS GUIDE FOR RAES

## Referral

- The Referral main page displays a summary grid of all Referrals for the client including
  - Referral Entry Date
  - Date Referral Completed
  - Date Referral Received
  - Date Final
  - Screener Name
  - Screener Agency
  - Assigned Worker
  - If there are Urgent Services
  - Disposition

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Client - Referral - Figgy F Pudding

	Referral Entry Date	Date Referral Completed	Date Referral Received	Date Final	Screener	Screener Agency	Assigned Worker	Urgent Services	Disposition
<a href="#">View</a>	08/20/2015				Terry Burnham	Health Care Policy and Financing			
			7/03/2014	08/01/2014	Terry Burnham	Health Care Policy and Financing	Terry Burnham	True	Inquiry
			7/10/2014		Samantha Saxe	Health Care Policy and Financing	Tiffani Rathbun	False	PendingMedApp

Click the **View** button for a detailed version of the Referral.



**TIP**


Click the Referral Draft User Guide link for tips on this page



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- In the Detailed View, there is additional information displayed about the Referral Contact such as
  - Referral Contact's Relationship
  - Referral Contact's Organization
  - Referral Contact's Address
  - Referral Contact's Phone Number

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Client - Referral - Figgy F Pudding


<b>Main Menu</b>	
Advisement Letter	
Assessment - 100.2	<b>Referral Contact</b>
Client Information	Copy client contact information for Referral Information? <input type="radio"/> Yes <input type="radio"/> No
Transition Assessment & Planning	<b>NOTE:</b> You will need to fill out all items on the client contact information page to move that information to the referral. See the mandatory fields below for reference.
Risk Mitigation Plan	
Critical Incident Reports	Name *: <b>Rhiannon Burnham</b>
Assessment - HCA	Relationship *: <b>Other Family</b>
Case Management	Organization:
Case Status	Address *: <b>6666 Xmas Drive</b>
IADL	City *: <b>Broomfield</b> State *: <b>CO</b> Zip Code *: <b>80020</b>
Log Notes	Phone *: <b>123-456-8888</b>

# BUS GUIDE FOR RAES

## Service Plan

- On the Service Plan screen, you will be able to see all of the Service Plans entered and some basic details such as:
  - Date the Service Plan was Finalized
  - Case Manager
  - Service Plan Agency
  - Start Date
  - End Date

The Department of Health  
Care Policy and Financing  
Benefits Utilization System



Client - Service Plan - Figgy F Pudding

Main Menu	Event	Event Type	Final	Verify	Case Manager	Service Plan Agency	Staff Date	Start Date	End Date	
Advisement Letter	* View-Print Options available in OLD format only for Service Plans FINAL on or before 06/19/2011.									
Assessment - 100.2	<a href="#">View</a>	3	Continued Stay Review			Terry Burnham	Health Care Policy and Financing	07/09/2014	07/10/2014	04/30/2015
Client Information	<a href="#">View</a>	2	Continued Stay Review			Tiffani Rathbun	Health Care Policy and Financing	05/14/2014	05/01/2014	04/30/2015
Transition Assessment & Planning	<a href="#">View</a>	1	Initial/Enrollment		02/04/2014	Terry Burnham	Health Care Policy and Financing	02/04/2014	05/01/2014	04/30/2015
Risk Mitigation Plan										
Critical Incident Reports										
Assessment - HCA										
Case Management										
Case Status										

Click the **View** button for a detailed version of the Service Plan.

# BUS GUIDE FOR RAES

- After clicking on the View button, you will be brought to a more detailed version of the Service Plan. This includes additional information such as
  - Medicaid Long Term Care Disclosures
  - Choice Statements
  - Program Area
  - Service Planning
  - Client Roles and Responsibilities
  - Case Manager Roles and Responsibilities
  - Plan Participants
  - Natural Supports
  - Third Party Resources
  - Home Community Based Services the Client is receiving
  - State Plan Benefits the Client is receiving
  - Any Contingency Plan for Client emergencies
  - Client's Personal Goal

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Client - Service Plan - Figgy Pudding

Long Term Care Service Planning Information

Plan Number: 7  
Plan Type:\*

Review  
Certification Extension  
Institutionalization (D1)  
Deinstitutionalization

Effective Date: 01/25/2018 (mm/dd/yyyy)  
Assessment Certification:\*

Cert Start: 06/01/2017 Cert End: 05/31/2018  
Authorization: 06/01/2017  
\* (100.2 Assessment certification page completion required for final date stamp)

Medicaid Long Term Care Disclosures

Choice Statements

\*Client has been informed that he/she has the right to choose between institutional services or Home and Community Based Services.

Client has been informed of the following Home and Community Based Service (HCBS) Waivers they may be eligible for

Brain Injury (BI)  
 Community Mental Health Supports (CMHS)

Click the yellow sub menus to navigate to the subpages.

# BUS GUIDE FOR RAES

## Service Plan: Service Plan Information

- The Service Plan: Service Plan Information subpage is the same information displayed on the Detailed View page.

**The Department of Health**  
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Client - Service Plan - Figgy Pudding


<b>Main Menu</b>	<b>Long Term Care Service Planning Information</b>
Advisement Letter	<b>Service Plan Number:</b> 7
Assessment - 100.2	<b>Service Plan Type:*</b>
Client Information	<input type="radio"/> 6 Month Review <input type="radio"/> CCT Certification Extension <input type="radio"/> Deinstitutionalization (DI) <input type="radio"/> Reverse Deinstitutionalization <input checked="" type="radio"/> Revision
Transition Assessment & Planning	<b>Staffing Date:*</b> - 01/25/2018 (mm/dd/yyyy)
Risk Mitigation Plan	<b>Select Assessment Certification:*</b>
Critical Incident Reports	<b>Cert Start:</b> 06/01/2017 <b>Cert End:</b> 05/31/2018
Assessment - HCA	<b>Authorization:</b> 06/01/2017
Case Management	<i>* (100.2 Assessment certification page completion required for final date stamp)</i>
Case Status	
IADL	
Log Notes	
LTC 803	
Program Area	
Referral	
Service Plan	<b>Medicaid Long Term Care Disclosures</b>
- Service Plan Information	
- Home/HCBS/State Health Benefits	<b>Choice Statements</b>
- Contingency Plan	<input checked="" type="checkbox"/> *Client has been informed that he/she has the right to choose between institutional services or Home and Community Based Services.
Service Plan DD Section	<b>Client has been informed of the following Home and Community Based Service (HCBS) Waivers they may be eligible for</b>
Administration	<input type="checkbox"/> Brain Injury (BI) <input type="checkbox"/> Community Mental Health Supports (CMHS) <input type="checkbox"/> Developmental Disabilities (DD) <input type="checkbox"/> Elderly, Blind, and Disabled (EBD) <input type="checkbox"/> Persons Living With AIDS (PLWA) <input type="checkbox"/> Spinal Cord Injury (SCI) LTCO and JEFFCO Only
RAE Help Guide	
Logout	

# BUS GUIDE FOR RAES

## Service Plan: Home/HCBS/State Health Benefits

- The Service Plan: Home/HCBS/State Health Benefits subpage displays a summary of
  - Home Health
  - Home Community Based Services
  - State Plan Benefits
- Each of these categories shows
  - Service
  - Start Date
  - End Date
  - Frequency
  - Provider
  - Service Goal

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Client - Service Plan - Figgy F Pudding

Main Menu	Home Health					
Advisement Letter						
Assessment - 100.2	Service	Start Date	End Date	Frequency	Provider	Service Goal
Client Information	No Home Health					
Transition Assessment & Planning						
Risk Mitigation Plan						
Critical Incident Reports						
Assessment - HCA						
Case Management						
Case Status	*If client enrolled in an HCBS Waiver program a Home Health service must be added or NO HOME HEALTH must be selected.					
	Home Community Based Services (HCBS)					
Log Notes	Service	Start Date	End Date	Frequency	Provider	Service Goal
LTC 803						
Program Area						
Referral						
Service Plan						
- Service Plan Information						
- Home/HCBS/State Health Benefits						
- Contingency Plan						
Service Plan DD Section						
Administration						
	Adult Day Services Basic	02/01/2016	02/29/2016	5 Days/Week 4 Weeks/Year	Provider: Home Health Inc.	To recover from recent fall.
				<b>Total Units:</b> 40		

# BUS GUIDE FOR RAES

## Service Plan: Contingency Plan

- The Service Plan: Contingency Plan subpage shows the Contingency Plan to address situations that put a participant's health and welfare at risk
- This page also displays the Personal Goal of the Client for this year.

The screenshot displays the RAES system interface for a client named Figgy F. The header includes the Department of Health logo and a photo of a diverse group of people. The main content area is divided into two sections: 'Contingency Plan' and 'Personal Goal'. The 'Contingency Plan' section contains instructions to identify a back-up plan for emergencies and lists examples of emergencies. The 'Personal Goal' section states the client's goal for 2016 is to walk unaided. A navigation menu is visible on the left side of the page.

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Client - Service Plan - Figgy F Pudding

**Contingency Plan**

**Identify a back-up plan to address contingencies such as "emergencies" that put a participant's health and welfare at risk.**

*Emergencies include the failure of a family member, support worker, or caregiver to appear when scheduled to provide necessary services when the absence of the services presents a risk to the participant.*

**Back up plan includes support from family and close friends.**

\* You must complete the contingency plan.

**Personal Goal**

**My personal goal(s) for this year is:**

**Personal goal is to walk unaided before the end of 2016.**

\* You must address the client's personal goals.

**Main Menu**


- Advisement Letter
- Assessment - 100.2
- Client Information
- Transition Assessment & Planning
- Risk Mitigation Plan
- Critical Incident Reports
- Assessment - HCA
- Case Management
- Case Status
- IADL
- Log Notes
- LTC 803
- Program Area
- Referral
- Service Plan
  - Service Plan Information
  - Home/HCBS/State Health Benefits
  - Contingency Plan
- Service Plan DD Section
- Administration
- RAE Help Guide
- Logout

# BUS GUIDE FOR RAES

## Service Plan DD Section

- The Service Plan DD Section is similar to the Service Plan section. The main page displays all of the Service Plans entered and some basic details such as
  - Event Type
  - Case Manager
  - Service Plan Agency
  - Date Entered
  - Final Date

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Client - DD Section Service Plan - Figgy F Pudding

Main Menu	Managing Agency					
	Event	Event Type	Case Manager	Service Plan Agency	Date	Final Date
Advisement Letter	There are no DD Service Plans entered for this agency.					
Assessment - 100.2	There are no DD Service Plans entered for this agency.					
Client Information	Secondary Agency					
Transition Assessment & Planning	There are no DD Service Plans entered for this agency.					
Risk Mitigation Plan	Other Agencies					
Critical Incident Reports	<a href="#">View</a>	1	INAS	Glen Weyant	EASTERN COLORADO SERVICES FOR THE DD	05/05/2015
Assessment - HCA						

Click the **View** button for a detailed version of the DD Service Plan.



# BUS GUIDE FOR RAES

- The Detailed View of the DD Service Plan shows additional information such as
  - Program Area
  - Staffing Date
  - Start Cover Date
  - End Cover Date

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Client - DD Section Service Plan - Figgy F Pudding

Main Menu	DD Section Service Plan Information
Advisement Letter	
Assessment - 100.2	Client - Service Plan DD Section- Figgy F Pudding
Client Information	Event number: 1
Transition Assessment & Planning	Event Type: INAS
Risk Mitigation Plan	<input checked="" type="checkbox"/> Initial Review <input type="checkbox"/> Continued Stay Review <input type="checkbox"/> Revision
Program Area	Program Area: <input checked="" type="checkbox"/> DD <input type="checkbox"/> CES <input type="checkbox"/> SLS
Relief Area	Date Entered: 05/05/2015
Staffing Plan	Staffing Date: (mm/dd/yyyy)
Service Plan DD Section	<b>04/24/2015</b>
- Preferences	
- Human Rights Committee	Start Cover Date: (mm/dd/yyyy)
- Risk Management Plan Part 1 & 2	<b>05/01/2015</b>
- Service Plan Participants	
Administration	End Cover Date: (mm/dd/yyyy)
RAE Help Guide	<b>05/29/2015</b>
Logout	

Click the yellow sub menus to navigate to subpages.



# BUS GUIDE FOR RAES

## Service Plan DD Section: Preferences

- The Service Plan DD Section: Preferences subpage shows the preferences for the following categories
  - Home
  - Community
- This page also displays summaries for
  - Environment
  - Assessments
  - Professional Evaluations
  - Other Assessments

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Client - DD Section Service Plan - Figgy F Pudding

**Main Menu** Preferences - Things that are going ok [Preferences Instructions](#)

**Advisement Letter**

**Assessment - 100.2** HOME

**Client Information**

Transition Assessment & Planning

Risk Mitigation Plan

Critical Incident Reports

Assessment - HCA

Case Management

Case Status

IADL

Log Notes

LTC 803

Program Area

Referral

Service Plan

Service Plan DD Section

**Preferences**

Human Rights Committee

Risk Management Plan Part 1 & 2

Service Plan Participants

Administration

RAE Help Guide

Logout

Lives With family

Owns Home

Lives in Someone else's home, but it's ok

Likes roommates

Has own bedroom

Can be alone when desired

Can come and go without restrictions

Has personal choice of foods to eat

Feels safe at home

Home is in good repair

Can go to bed when he/she wants to

Can choose when & what to watch on television

Likes service provider(s)

Home - Other

Community

Has a job and likes job

Does not work but has enough money

Work is not a priority at this time

Chooses community activities to do

Accesses community by self

Gets around community safely

Uses public transportation

Supported to participate in recreational activities


Likes Service Provider (s)

# BUS GUIDE FOR RAES

## Service Plan DD Section: Human Rights Committee

- On the Service Plan DD Section: Human Rights Committee subpage, you will find
  - Summary of the Human Rights Committee
  - Human Rights Committee Comments
  - Home Living
  - Social and Community Life
  - Health and Safety
  - Day Habilitation
  - Supported / Integrated Employment

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Client - Service Plan - Figgy F Pudding

Main Menu	Human Rights Committee(HRC)
Advisement Letter	
Assessment - 100.2	<input type="checkbox"/> Referral Needed
Client Information	<input checked="" type="checkbox"/> Not Required
Transition Assessment & Planning	<input type="checkbox"/> Most Recent Review Date --
Risk Mitigation Plan	Reviewed regularly by the Human Rights Committee due to:
Critical Incident Reports	<input type="checkbox"/> Psychotropic Medications (refer to Medical Information section)
Assessment - HCA	<input type="checkbox"/> Restrictive Procedure:
Case Management	The specific procedure is
Case Status	
IADL	The restrictive procedure is necessary because
Log Notes	
LTC 803	The behavior the procedure is addressing is
Program Area	
Referral	The ISSP in place is
Service Plan	
Service Plan DD Section	Was Functional Analysis completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
- Preferences	Informed Consent was signed on
- Human Rights Committee	
- Risk Management Plan Part 1 & 2	<input type="checkbox"/> Safety Control Procedure:
- Service Plan Participants	The Safety control procedure is in place because
Administration	
RAE Help Guide	
Logout	

# BUS GUIDE FOR RAES

## Service Plan DD Section: Risk Management Plan Part 1 & 2

- The Service Plan DD Section: Risk Management Plan Part 1 & 2 shows
  - Risk Management Plan Part 1 Summary
  - Respiratory Care
  - Skin Care
  - Feeding Assistance
  - Other Exceptional Medical Care
  - Externally Directed Destructiveness
  - Risk Management Plan Part 2 Summary
  - Externally Directed Destructiveness
  - Self-Directed destructiveness
  - Sexual Risks
  - Other Risks

The screenshot displays the 'Benefits Utilization System' interface for 'The Department of Health Care Policy and Financing'. The user is logged in as 'Client - Service Plan - Figgy F Pudding'. The main content area is titled 'Risk Management Plan - Part 1 of 2 (Not Required for CES)'. It contains several sections: 'Client Information' with the date of the most current Support Intensity Scale (SIS) as 02/01/2016; a question about other risk assessments; and two main categories: 'Respiratory Care' and 'Skin Care'. Each category has a list of services with checkboxes, a 'Comments' field, and a 'Service and/or Risk Management Plan' field. The 'Respiratory Care' section has 'Inhalation or Oxygen Therapy' checked, with 'Trouble breathing' in the comments. The 'Skin Care' section has 'Dressing of open wound(s)' checked, with 'Open wound on right leg.' in the comments. A left-hand navigation menu includes options like 'Main Menu', 'Assessment - 100.2', 'Transition Assessment & Planning', 'Risk Mitigation Plan', 'Critical Incident Reports', 'Assessment - HCA', 'Case Management', 'Case Status', 'IADL', 'Log Notes', 'LTC 803', 'Program Area', 'Referral', 'Service Plan', 'Service Plan DD Section', 'Preferences', 'Human Rights Committee', 'Risk Management Plan Part 1 & 2', 'Service Plan Participants', 'Administration', 'RAE Help Guide', and 'Logout'.

# BUS GUIDE FOR RAES

## Service Plan DD Section: Service Plan Participants

- The Service Plan DD Section: Service Plan Participants screen will display
  - The name of the individuals who participated in the development of this plan
  - The title of the individuals who participated in the development of this plan
  - Revisions

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Client - Service Plan - Figgy F Pudding

Service Plan Participants	
The following individuals participated in the development of this plan:)	
NAME	TITLE
Joe Smith	Case Manager
Jane Doe	Case Manager
Fred Brown	Parent
--	--
--	--
--	--
--	--
--	--
--	--
--	--
--	--

**This is not a Revision Type Service Plan**

(Required Fields)  
**Revisions:**

Please note: Any changes to the individual's services that will result in a change to the individuals Medical Waiver Services

DD Section Revisions - I have participated in the development of this plan and I agree with the services outlined.

Clients Signature on file. **02/02/2016**

Case Manager Signature on file. **02/02/2016**

Legal Guardian Signature on file. **02/02/2016**

Additional Legal Guardian Signature on file. **02/02/2016**

# BUS GUIDE FOR RAES

## Contact Us

- If you have any questions or feedback about this BUS Guide for RAE Users, please send us an email at [BUS@state.co.us](mailto:BUS@state.co.us)

Thank you!